

luetie aortitis, coronary sclerosis and myocarditis, so that the first, complicated by any form of cardiac disease absolutely contraindicates the employment of 606. In 4 of the 7 fatal cases there were no clinical evidences of cardio-vascular changes; in 3 of these 4 cases subjective troubles likewise were absent. Angina pectoris, without myocardial complications, is apparently favorably influenced by salvarsan. This last opinion is contrary to Ehrlich's earlier view. In Ehrlich's early publications, salvarsan was said to be contraindicated in nephritis, albumin, hyalin and granular casts and red blood cells having been found occasionally after its use, in previously normal urines. Nephritis occurring soon after syphilitic infection or during the course of the disease, was formerly often attributed to the mercury the patient had taken. But it has been definitely shown that a large number of these cases are due to toxins of syphilis acting upon the renal tissues and that lues can produce almost all anatomical types of acute or chronic nephritis. Furthermore, a number of these cases improve under mercurial treatment (in marked contrast to non-luetic nephritides which are always aggravated by it), but on the other hand, some are uninfluenced and a few are unfavorably affected thereby. To date, in none of the cases have *treponema pallida* been found in the urine. During the past months, salvarsan has been tried in cases of luetic nephritis. Lesser, Michaelis, Gaucher, Duhot, Nador, Widal and Javal have had very encouraging results. Caussade and Regnard report a severe case where the patient's death occurred "in spite of" and not "due to" its administration. While it cannot be claimed, once and for all, that this new drug is absolutely harmless in patients with diseased kidneys, or uniformly efficacious in renal syphilis, it should certainly be employed more extensively in these cases than in the past. A careful anamnesis should be taken, and a thorough physical examination performed before deciding in any given case to resort to the use of 606. Thus only can disaster be averted, and knowledge be obtained as to the real effects of this drug upon the human organism. The intravenous administration is the only method to be recommended. Solutions should be prepared at the time of injection and be "just alkaline," hyperalkaline ones exerting a pernicious action upon the vein and the blood. (J. Darier et Cottenot.)

R. B.

Recent reports of new diagnostic signs in scarlet fever again prove that progress in diagnosis can still

#### DIAGNOSIS OF SCARLET FEVER.

be expected from clinical as well as from laboratory observation and research. At the height of the disease typical cases offer no difficulties, but with fleeting symptoms, or with eruptions that have already run their course, or with eruptions due perhaps to other causes, most difficult problems are presented the attendant. Even in severe cases the desquamation may be slight or not more than that usually seen in patients who have been for some time confined to the bed. In our June issue, Taubles reports having verified the observations of Pastia of Bucharest in 18 cases of scarlet fever. Pastia's sign consists of an

intense, continuous, linear pigmentation of the skin-folds across the anterior surface of the elbow, varying in color from rose red to dregs of wine and even appearing ecchymotic. This sign appears with the onset of the rash and persists even later than the desquamation. Leede of Hamburg has described another sign. A broad rubber bandage is moderately tightened about the arm, so that the veins are made prominent and the hands blue, but allowing the pulse to remain palpable. At the end of 10 to 15 minutes it is removed and the skin at the bend of the elbow closely inspected for the presence of a few tiny ecchymotic spots. He concludes that the capillary resistance varies in different persons, but that the toxins of scarlet fever evidently, with few exceptions, lower this resistance. A negative reaction practically excludes the disease; a positive one is, of course, to be interpreted only in conjunction with the other symptoms, as has been emphasized by Bennecke. Furthermore, Frugoni and Giugni have described a somewhat similar test in cases showing cutaneous manifestations of a hemorrhagic diathesis. Scarlet fever heretofore could boast of no pathognomic sign or symptom. We would like to urge all observers to search carefully for these new signs, not only in scarlet fever cases but in all eruptive conditions, so that their value may soon be established beyond all doubt.

R. B.

#### THE CALIFORNIA ASSOCIATION OF MEDICAL MILK COMMISSIONS.

For two years there has been held in connection with the meeting of the State Society and at the invitation and expense of the San Francisco commission, a meeting devoted to the consideration of a pure milk supply. These meetings were so profitable and interesting, and the certified milk industry has now reached so high a development in California, that it has seemed wise to make these meetings an annual adjunct of the State meeting, and to federate the various commissions into a permanent state organization. Accordingly, there was formed at Santa Barbara the California Association of Medical Milk Commissions. The association is composed of the milk commissions of the County Medical Societies, and its purpose is to promote the use of certified milk and to assist in raising the general milk supply to a higher standard, by dispensing literature on this subject, by illustrated lectures, by public meetings, and by personal work among the profession, the laity, and the dairymen. Any County Medical Society interested in the formation of a milk commission may obtain literature, lantern slides, etc., from the association, and members will be delegated, on request, to visit societies which may desire assistance in this work, or to appear before clubs or other public bodies. It is believed that this work is of great importance, and it is hoped to awaken a wider interest in this subject among the profession and, through the physicians, among their patients. Dr. Adelaide Brown is secretary of the association, and will be glad to give any information to persons interested in this work.

T. C. McC.